ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

Companion Document and Transaction Specifications for HIPAA NCPDP Encounter Transactions

Version 1.0

June 2006

DRAFT

Revision History

Date	Version	Description	Author
	1.0	Draft for distribution to health plans.	AHCCCS Information Services Division

DRAFT

Table of Contents

DRAFT

1 Introduction

1.1 Document Purpose

Companion Documents

HIPAA Transaction Companion Documents are available to electronic trading partners (health plans, program contractors, providers, third party processors, and billing services) to clarify information on HIPAA-compliant electronic interfaces with AHCCCS. The following Companion Documents are being produced:

- 834 Enrollment and 820 Capitation Transactions
- 270 Eligibility Request and 271 Eligibility Response Transactions
- 837 Claim Transactions
- 835 Electronic FFS Claims Remittance Advice Transaction
- *837 and NCPDP Encounter Transactions*
- 277 Unsolicited Claim Status Transaction (Encounters)

HIPAA Overview

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) require the federal Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. The Act also addresses the security and privacy of health data. The long-term purpose of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of standard electronic data interchanges in health care.

The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were reviewed through a process that included significant public and private sector input prior to publication in the Federal Register as Final Rules with legally binding implementation time frames.

Covered entities are required to accept transmissions in the standard format and must not delay a transaction or adversely affect an entity that wants to conduct standard transactions electronically. For HIPAA, both AHCCCS and its health plans are covered entities.

DRAFT

Document Objective

This Encounter Companion Document provides information related to electronic submission of NCPDP Pharmacy Encounter Transactions to AHCCCS by contracted health plans.

This Companion Guide tells health plans how to prepare and maintain a HIPAA compliant encounter interface, including information on populating encounter data elements for submission to AHCCCS.

Intended Users

Companion Documents are intended for the technical staffs of health plans and other entities that are responsible for electronic transaction exchanges. They also offer a statement of HIPAA Transaction and Code Set Requirements from an AHCCCS perspective.

DRAFT

Relationship to HIPAA Implementation Guides

Companion Documents are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for data format, content, and field values can be found in the Implementation Guides. This document describes the technical interface environment with AHCCCS in terms of data and processing implications for AHCCCS trading partners. Operational information involving connectivity requirements, protocols, and electronic interchange procedures is covered in other documents that are available from the AHCCCS Information Services Division (ISD) Customer Support Center. This Companion Document provides specific information on the fields and values required for transactions that are sent to or received from AHCCCS.

Companion Documents are intended to supplement but not to replace the standard Implementation Guides for each HIPAA Transaction Set. Information in Companion Documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

Disclaimer

This Companion Document is a technical document describing the specific technical and procedural requirements for interfaces between AHCCCS and its trading partners. It does not supersede either the health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and health plan contracts or operational procedure manuals, the contract or procedure manual will prevail.

Substantial effort has been taken to minimize information conflicts. However, AHCCCS, the Information Services Division, or its employees will not be liable or responsible for any errors or expenses resulting from the use of information in this document. If you believe there is an error in the document, please notify the AHCCCS Information Services Division immediately.

DRAFT

1.2 Contents of this Companion Document

Introduction	Section 1 provides general information on Companion Documents and HIPAA and outlines the information to be included in the remainder of the document.
Transaction Overview	Section 2 provides an overview of the transaction or transactions included in this Companion Document including information on: ▪ The purpose of the transaction(s) ▪ The standard Implementation Guide for the transaction(s) ▪ Replaced and impacted AHCCCS files and processes ▪ Transmission schedules
Technical Infrastructure	Section 3 provides a brief statement of the technical interfaces required for trading partners to communicate with AHCCCS via electronic transactions. The AHCCCS Encounter Reporting User Manual provides information on file names and procedures used in encounter submission. See especially Chapter Two, Encounter Reporting Guidelines.
Transaction Standards	Section 4 provides information relating to the transaction(s) in this Companion Document including: ▪ General HIPAA transaction standards ▪ Testing criteria and procedures ▪ Front end edits applicable to incoming transactions ▪ Procedures for generating and responding to required acknowledgment transactions ▪ Procedures for handling rejected transmissions and transactions
Transaction Specifications	Section 5 provides specific information relating to the transaction(s) in this Companion Document including: ▪ A statement of the purpose of transaction specifications between AHCCCS and other covered entities ▪ AHCCCS-specific data requirements for the transaction(s) at the data element level Transaction Specifications define in detail how HIPAA Transactions are formatted and populated for exchanges with AHCCCS.

DRAFT

2. NCPDP Encounter Transactions

2.1 Transaction Overview

Encounter Submission

For pharmacy encounters, AHCCCS uses batch National Council of Prescription Drug Programs (NCPDP) Encounter/Claim Request Transactions to achieve HIPAA compliance.

Encounter submission by health plans and encounter receipt and processing by AHCCCS are not changed by HIPAA mandates. What has changed significantly are encounter formats and code set requirements. AHCCCS "New Day" Pharmacy Encounters will now be submitted in the NCPDP format. New Day Encounters are encounters submitted to AHCCCS for the first time. They sometimes void or replace previously adjudicated encounters but they cannot correct or release encounters that are still in process.

In the HIPAA compliant environment, AHCCCS accepts encounters in the NCPDP format and relies on a translator to bring them into its Prepaid Medical Management Information System (PMMIS). Health plans wishing to submit pharmacy encounters in the NCPDP 5.1 format must follow the guidelines established in this document, while plans wishing to submit pharmacy encounters in the modified 3.2 format must follow the guidelines established in the 3.2 format document found on the AHCCCS web site at http://www.ahcccs.state.az.us/HIPAA/Documents/PDFs/NCPDP32ExcelFormat2004.pdf .

Encounter Processing

AHCCCS will use the Unsolicited 277 Encounter Status Transactions to inform submitting health plans of the status of each encounter. Encounter and service line status codes on the U277 Transaction are translated from codes used by PMMIS. "Pended" encounters in need of correction continue to be handled by correction procedures specific to AHCCCS and its health plans.

Processes Replaced or Impacted

Replaced Processes

- Electronic New Day Encounter File

Impacted Processes

- Receipt of encounters from contracted health plans
- Notification to health plans of encounter statuses with Unsolicited 277 Encounter Status Transactions

The impacted processes will continue to function but will be changed so that they meet all X12N and NCPDP data and/or format compliance requirements.

DRAFT

2.2. Encounter Transactions

Purpose

Health plans pay claims from providers in their networks. AHCCCS pays health plans on a capitated per member per month basis with additional payments for high expenditure members via reinsurance. The Agency makes use of encounter data in capitation rate setting and in critical financial and utilization reports.

AHCCCS uses HIPAA compliant Transactions for both fee for service claims and encounters. This Companion Document deals only with NCPDP encounters.

Contracted health plans transmit NCPDP Encounter Transactions in batch mode through the AHCCCS File Transfer Protocol (FTP) Server. Batch submission accommodates large volumes of encounters from multiple health plans.

Standard Implementation Guides

The Standard Implementation Guides for the NCPDP Encounter Transactions are:

- NCPDP Telecommunication Standard (NCPDP Version/Release 5.1): B1, B2, and B3 Transactions
- NCPDP Batch Standard: (NCPDP Version/Release 1.1) Header, Detail Description, and Trailer Segments

AHCCCS is using HIPAA compliant Telecommunications Version 5.1 and Batch Version 1.1. The NCPDP Organization does not issue Addenda. The NCPDP Telecommunications Standard describes transactions for use in both interactive and batch modes. The Batch Standard describes the Header, Detail Description, and Trailer Records that enclose NCPDP Transactions.

DRAFT

Related Specifications

In addition to NCPDP Encounter Transactions, AHCCCS is implementing Unsolicited 277 or U277 Encounter Status Transactions. AHCCCS sends U277 Transactions to encounter submitters in response to processed encounters with finalized or pended outcomes. Professional, dental, institutional, and drug encounters are included. The U277 Transaction has its own Companion Document.

DRAFT

3. Technical Infrastructure and Procedures

AHCCCS Data Center Communications Requirements

Trading partners connect to AHCCCS by going from the Internet through a Virtual Private Network (VPN) Tunnel to the AHCCCS File Transfer Protocol (FTP) Server. In standard software-to-hardware VPN connections, VPN client software is installed and configured on each machine at the client site that requires FTP access. Cisco Systems Software to establish provider computers as VPN Clients is available from the sources documented in the AHCCCS electronic encounter submission document. Detailed information on FTP and VPN setups also appears in that manual.

Technical Assistance and Help

The AHCCCS ISD Customer Support Center provides technical assistance related to questions about electronic claims submission or data communications interfaces. All calls result in Ticket Number assignment and problem tracking. Contact information is:

- **Telephone Number:** (602) 417-4451
- **Hours:** 8:00 AM – 5:00 PM Arizona Time, Mondays through Fridays
- **Information required for initial call:**
  - Topic of Call (VPN setup, FTP procedures, etc.)
  - Name of caller
  - Organization of caller
  - Telephone number of caller
  - Nature of problem (connection, receipt status, etc.)
- **Information required for follow up call(s):**
  - Ticket Number assigned by the Customer Support Center

DRAFT

4. Transaction Standards

4.1 General Information

HIPAA Requirements

HIPAA standards are specified in Implementation Guides for each transaction set. NCPDP Transactions have Release Numbers but not Addenda. For pharmacy encounters, AHCCCS uses NCPDP Release 5.1 Transactions in combination with Release 1.1 batch segments.

An overview of specific requirements can be found in each Implementation Guide. Implementation Guides contain information related to:

- The format and content of interchanges and functional groups of transactions
- The format and content of the Header, Detail, and Trailer Segments specific to the transaction
- Code sets and values authorized for use in the transaction

For encounters, this Companion Document, in combination with the Implementation Guide, tells how to prepare data in HIPAA standard formats for submission to AHCCCS.

Size of Transmissions/ Batches

Transmission sizes are limited based on the number of segments/records recommended by HIPAA standards. There is no AHCCCS limit on file size for electronic encounter submission. HIPAA recommendations for the maximum file size of each transaction set are specified in the Implementation Guide and its authorized Addenda.

For NCPDP Encounter transmissions, the length of a control field imposes a limit of 9,999,999,997 Claim (B12, B2, or B3) Transactions per electronic transmission, each with from one to four drug lines. However, AHCCCS imposes a limit of 100,000 transactions per transmission. A submitter may submit multiple transmissions per cycle.

DRAFT

4.2 Edits for Encounter Transactions

Overview of the Syntactical Edit Process

Edits performed by the AHCCCS translator on NCPDP Encounter Transactions ensure that incoming transactions comply with the standards documented in the transaction's HIPAA Implementation Guide. Only NCPDP Transactions of encounters that have passed translator edits can have their claims translated and adjudicated. The translator's edits are prior to and in addition to edits performed by PMMIS. AHCCCS processes and procedures for resolution of encounters pended by PMMIS remain unchanged.

AHCCCS acknowledges NCPDP validating emails and provides minimal basic file validation (record count and dollar amount) via email during the translator validation process. This validation only confirms that the transaction set has passed a set of "syntactical" edits. "Semantic" errors may still follow from PMMIS edits. ("Syntactical" errors differ from "semantic" errors in that they involve data structures rather than meanings of data elements. In general, the AHCCCS translator handles "syntactical" edits and PMMIS handles "semantic" edits.)

DRAFT

4.3 Data Interchange Conventions

Overview of Data Interchange

When receiving NCPDP Encounter Transactions from health plans, AHCCCS follows standards developed by the National Council of Prescription Drug Programs Organization (NCPDP).

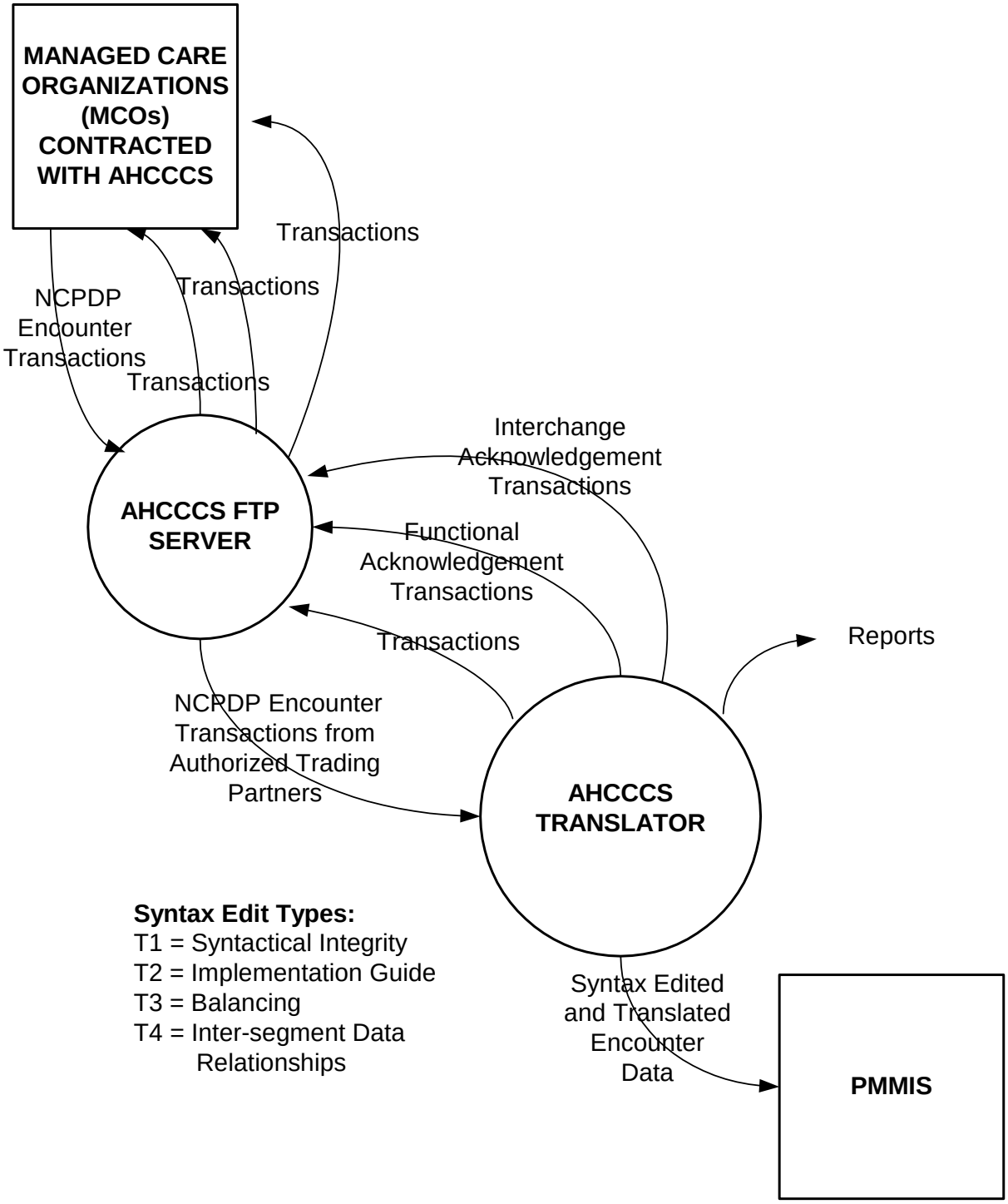
4.4 Acknowledgement Procedures

Overview of Electronic Acknowledgment Processes

The diagram on the next page, AHCCCS Interchange Flow for NCPDP Encounter Transactions, shows how the AHCCCS translator accepts, acknowledges, and reports problems on NCPDP Encounters from health plans.

DRAFT

AHCCCS Interchange Flow for 837 Encounter Transactions



DRAFT

4.5 Rejected Transmissions and Transactions

Overview of Rejection Process

Upon receiving an electronic transmission from an encounter submitter, the AHCCCS translator's first action is to check for the presence of a validating email. If an email is found where the filename, record count, and dollar amount match the information found on the file, the file is translated and sent on to PMMIS for further processing. If a match is not found, the file is placed into a hold directory for review and possible later validation. A report is sent out each morning via email to submitters who have files in the hold directory so they can research potential problems, correct them, and validate the file(s). Files which are not validated within 10 days are deleted from the system.

DRAFT

5. Transaction Specifications

5.1 Transaction Specifications

Purpose

Transaction specifications are designed, in combination with the HIPAA Implementation Guides, to identify data to be transmitted between particular trading partners and to specify its type and format. The following information supplements the requirements in HIPAA Transaction Implementation Guides. Data structures that are fully covered by the HIPAA Implementation Guide are not mentioned in this section.

NOTE: Only transaction data with submission requirements specific to AHCCCS encounters is included in the table below.

Relationship to HIPAA Implementation Guides

Transaction specifications are intended to supplement the data in the Implementation Guides for each transaction set with specific information pertaining to the trading partners using the transaction set.

The information in the Transaction Specifications is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

DRAFT

5.2 Encounter Transaction Specifications – NCPDP Encounters

Overview

NCPDP Encounter Transactions contain data to enable AHCCCS to process and report on pharmacy encounters, plus a number of additional fields. The purposes of Transaction Specifications are to identify the data elements and data element values that AHCCCS uses in Encounter Transactions and to tell health plans how to populate encounter data for AHCCCS. NCPDP Version 5.1 Transactions are mandated for HIPAA and required by AHCCCS, along with Batch Version 1.1 Header, Detail Description, and Trailer Segments.

NCPDP Drug Encounter/Claim Transactions are functionally equivalent to ASC X12N 837 Encounter/Claim Transactions. Viewed closely, however, they look quite different. In terms of philosophy and nomenclature, X12 and NCPDP are related but separate domains. For this reason, AHCCCS recommends that submitters of NCPDP Encounters become familiar with the NCPDP publications that this Companion Document supports. We suggest that NCPDP encounter submitters focus on the following documents available from the NCPDP Organization (http://www.ncpdp.org).

- NCPDP Telecommunications Standard Implementation Guide, Version/Release 5.1
- NCPDP Telecommunications Standard Specifications, Version/Release 5.1
- NCPDP Batch Standard Batch Implementation Guide, Version/Release 1.1

The specifications in this section apply only to NCPDP Encounter Transactions that health plans send to AHCCCS, not to the fee-for-service pharmacy claims that a contracted pharmacy benefit manager (PBM) receives from fee-for-service providers and adjudicates for AHCCCS.

DRAFT

General Transaction Specifications

NCPDP Encounter Transaction Specifications that are not specific to an individual data element are discussed below.

- Three NCPDP Claim Request Transactions are accepted by AHCCCS in a batch mode for pharmacy encounters:
  - Original Encounter (B1) Transactions
  - Encounter Reversal or Void (B2) Transactions
  - Encounter Replacement (B3) Transactions

  Reversal and Replacement Transactions specify encounters previously processed by AHCCCS to be voided or replaced.

- With the exception of data elements in the Transmission and Transaction Header Segments, all NCPDP Encounter Segments are of variable length. Fields for elements within segments occur only when the element is present. There are no blank or null fields.

- Updates to the Final HIPAA Rule require that Batch Version 1.1 (rather than the originally specified Version 1.0) Transactions be used for batch interchanges of NCPDP Transactions. The batch NCPDP Transaction consists of transmission-level header and trailer segments that occur at the beginning and the end of other NCPDP Transactions, plus a segment that encloses NCPDP transaction data.

  From 1 to 9,999,999,999 NCPCP Encounter Transactions, including the Batch Header and Trailer Segments, can be accommodated in an NCPDP transmission. However, AHCCCS limits this to 100,000 transactions per transmission. For the batch standard, each NCPDP Transaction is enclosed within a Transaction Detail Definition Record that identifies the transaction by a submitter-assigned ID Number. In most situations, an NCPDP Encounter/Claim Transaction can support up to four drug service lines.

  Information on population of elements on batch Header, Trailer, and Detail Definition Segments appears in NCPDP Drug Encounter Specifications before and after Transaction Specifications for B1, B2, and B3 Encounter Transactions.

DRAFT

Transaction Specifications Table

The NCPDP Encounter Transaction Specifications for individual data elements are shown in the table starting on the next page. Definitions of table columns follow.

Segment
The name of the segment or standard grouping of data elements within a NCPDP Transaction.

Element ID
The data element's identifier as shown in the NCPDP Implementation Guide and Data Element Dictionary.

Element Name
The data element's name as shown in the NCPDP Implementation Guide and Data Element Dictionary. For elements within fixed-length Batch Header, Detail Definition, and Trailer Records, the field length in bytes appears in this column as well.

Element Definition
How the data element is defined in the NCPDP Data Element Dictionary.

Valid Values
Data element values in the Implementation Guide that are used by AHCCCS.

Definition/Format
Definitions of valid values used by AHCCCS and additional information about AHCCCS data element requirements.

DRAFT

NCPDP DRUG ENCOUNTER TRANSACTION SPECIFICATIONS					
Segment	**Element ID**	**Element Name**	**Element Definition**	**Valid Value**	**Definition/Format**
TRANMISSION HEADER RECORD – Appears at the beginning of transmissions of from 1 to 9,999,999,997 NCPDP Transactions					
Transmission Header	880-K4	TEXT INDICATOR/ 1 BYTE	A field that indicates the beginning of an NCPDP Record.	X"02"	A hexadecimal "02" within a one-byte field.
Transmission Header	701	SEGMENT IDENTIFIER/ 2 BYTES	A field that identifies the segment.	00	File Control (Header)
Transmission Header	880-K6	TRANSMISSION TYPE/1 BYTE	The kind of NCPDP Transactions included in the transmission.	T	Transaction
Transmission Header	880-K1	SENDER ID/ 24 BYTES	An identification number of the transmission sender defined by the processor.		Submitting health plans are identified by a 3-byte acronym assigned by AHCCCS followed by the submitter's Tax ID [9], AHCCCS Health Plan ID [6], a three-character Transmission Submitter Number (TSN), and a one-character Input Mode ("2" [Adjudicated Encounter] or "6" [Denied Encounter]).
Transmission Header	806-5C	BATCH NUMBER/ 7 BYTES	A Batch Number assigned by the sender.		This submitter-assigned number must match the Batch Number in the Trailer Record.
Transmission Header	880-K2	CREATION DATE/ 8 BYTES	The date on which the batch transmission is created.		Format is CCYYMMDD.
Transmission Header	880-K3	CREATION TIME/ 4 BYTES	The times at which the batch transmission is created.		Format is HHMM.
Transmission Header	702	FILE TYPE/1 BYTE	An indication of whether the transmission is test or production.	P T	Production Test
Transmission Header	102-A2	VERSION/ RELEASE NUMBER/2 BYTES	The Version and Release Number of the Batch Standard for this Header Record.	11	NCPDP Batch Version 1.1
Transmission Header	880-K7	RECEIVER ID/ 24 BYTES	A receiver identification number that "reflects valid enrollment between trading partners for batch file submission."	AHCCCS86-6004791	"AHCCCS" followed by the AHCCCS Federal Tax ID.
TRANSACTION DETAIL DEFINITION RECORD – Encloses each NCPDP Transaction					

DRAFT

NCPDP DRUG ENCOUNTER TRANSACTION SPECIFICATIONS					
Segment	**Element ID**	**Element Name**	**Element Definition**	**Valid Value**	**Definition/Format**
Transaction Detail Definition	880-K4	TEXT INDICATOR/ 1 BYTE	A field that indicates the beginning of an NCPDP Record.	X"02"	A hexadecimal "02" within a one-byte field.
Transaction Detail Definition	701	SEGMENT IDENTIFIER/ 2 BYTES	A field that identifies the segment.	G1	Detail Data Record
Transaction Detail Definition	880-K5	TRANSACTION REFERENCE NUMBER/ 10 BYTES	A number that identifies the transaction.		Assigned by transaction submitter
Transaction Detail Definition	NCPDP B1, B2, or B3 Encounter Transaction Record				
Transaction Detail Definition	880-K4	TEXT INDICATOR/ 1 BYTE	A field that indicates the end of an NCPDP Record.	X"03"	A hexadecimal "03" within a one-byte field.
B1 - ORIGINAL ENCOUNTER RECORD					
Transaction Header	101-A1	BIN NUMBER	Card Issuer ID or Bank ID Number used for network routing.		The BIN Number assigned by the pharmacy that submitted the claim that generated this encounter.
Transaction Header	104-A4	PROCESSOR CONTROL NUMBER	Number assigned by the processor.		The Processor Control Number of the PBM that processed the claim that generated this encounter. The Processor Control Number is equivalent to the provider's Patient Account Number.
Transaction Header	202-B2	SERVICE PROVIDER ID QUALIFIER	Code qualifying the `Service Provider ID' (2O1-B1).	01 05	National Provider Identifier Medicaid ID
Transaction Header	201-B1	SERVICE PROVIDER ID	ID assigned to a pharmacy or provider.		Provider Id/Pharmacy Number. Until May 22, 2007, AHCCCS Id and Location Number NNNNNNLL May 23, 2007 and after, National Provider Identifier
Transaction Header	110-AK	SOFTWARE VENDOR/ CERTIFICATION ID	ID assigned by the switch or processor to identify the software source.		The Software Vendor Certification ID of the PBM that processed the claim that generated this encounter.
Insurance	302-C2	CARDHOLDER ID	Insurance ID assigned to the cardholder.		The health plan member's AHCCCS ID

DRAFT

NCPDP DRUG ENCOUNTER TRANSACTION SPECIFICATIONS					
Segment	**Element ID**	**Element Name**	**Element Definition**	**Valid Value**	**Definition/Format**
Claim	407-D7	PRODUCT/ SERVICE ID	ID of the product dispensed or service provided.		The NDC Code for the dispensed drug in 5/4/2 format. Each NDC sub-field should be right justified and, if necessary, filled with high order zeros.
Claim	330-CW	ALTERNATE ID	The Medicaid unique claim identification number (also referred to as the ICN or TCN)		?? – delete row ??
Prescriber	466-EZ	PRESCRIBER ID QUALIFIER	Code qualifying the `Prescriber ID' (411-DB).	01 05	National Provider Identifier Medicaid ID
Prescriber	411-DB	PRESCRIBER ID	ID assigned to the prescriber.		The AHCCCS ID and Location Code of the prescribing provider Until May 22, 2007, AHCCCS Id and Location Number NNNNNNLL May 23, 2007 and after, National Provider Identifier
Prescriber	467-1E	PRESCRIBER LOCATION CODE	Location address code assigned to the prescriber as identified in the National Provider System (NPS).		Any valid value.
COB/Other Payments	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	05	Coordination of Benefits (COB) Segment One occurrence of the COB/Other Payments Segment is required for health plan payment information. Subsequent iterations of the segment can be used for data on other third party payers.
COB/Other Payments	337-4C	COORDINA-TION OF BENEFITS/ OTHER PAYMENTS COUNT	Count of other payment occurrences.		The number of “other coverages” involved in the claim that resulted in this encounter. Always 1 for the health plan, incremented by 1 for each additional coverage (2, for example, when the health plan member has Medicare A).
COB/Other Payments	338-5C	OTHER PAYER COVERAGE TYPE	Code identifying the type of `Other Payer ID' (340-7C).		Any valid value.
COB/Other Payments	339-6C	OTHER PAYER ID QUALIFIER	Code qualifying the `Other Payer ID' (34O-7C).		Use a value of “99” when the payer is a health plan and an appropriate Implementation Guide value when the payer is an additional other carrier..
COB/Other Payments	340-7C	OTHER PAYER ID	ID assigned to the payer.		The AHCCCS Health Plan ID and TSN for health plans. Any available ID number for additional other carriers.
COB/Other Payments	341-HB	OTHER PAYER AMOUNT PAID COUNT	Count of the payer amount paid occurrences.		The number of “other payers” (including the health plan but excluding AHCCCS) that made payments.

DRAFT

NCPDP DRUG ENCOUNTER TRANSACTION SPECIFICATIONS					
Segment	**Element ID**	**Element Name**	**Element Definition**	**Valid Value**	**Definition/Format**
COB/Other Payments	342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Code qualifying the `Other Payer Amount Paid' (431-DV).		For health plan segments, the value is always “07” (Drug Benefit). Use the most appropriate Implementation Guide value for additional other payers.
COB/Other Payments	431-DV	OTHER PAYER AMOUNT PAID	Amount of any payment known by the pharmacy from other sources (including coupons).		For the health plan COB Segment, the Health Plan Paid Amount. If additional other payers are involved, the amount paid by each of them.
Compound	488-RE	COMPOUND PRODUCT ID QUALIFIER	Code qualifying the type of product dispensed.	03	National Drug Code (NDC)
Compound	489-TE	COMPOUND PRODUCT ID	Product identification of an ingredient used in a compound.		The NDC Code for the compound ingredient in 5/4/2 format. Each NDC sub-field should be right justified and, if necessary, filled with high order zeros
B2 – REVERSAL OR VOID RECORD					
Transaction Header	101-A1	BIN NUMBER	Card Issuer ID or Bank ID Number used for network routing.		The BIN Number assigned by the pharmacy that submitted the claim that generated this encounter.
Transaction Header	104-A4	PROCESSOR CONTROL NUMBER	Number assigned by the processor.		The Processor Control Number of the PBM that processed the claim that generated this encounter.
Transaction Header	202-B2	SERVICE PROVIDER ID QUALIFIER	Code qualifying the `Service Provider ID' (2O1-B1).	01 05	National Provider Identifier Medicaid ID
Transaction Header	201-B1	SERVICE PROVIDER ID	ID assigned to a pharmacy or provider.		Provider Id/Pharmacy Number. Until May 22, 2007, AHCCCS Id and Location Number NNNNNNLL May 23, 2007 and after, National Provider Identifier
Transaction Header	110-AK	SOFTWARE VENDOR/ CERTIFICA-TION ID	ID assigned by the switch or processor to identify the software source.		The Software Vendor Certification ID of the PBM that processed the claim that generated this encounter.
Patient	332-CY	PATIENT ID	Resubmission Claim Number		The Claim Reference Number (CRN) of the original encounter being voided. **Required when the original encounter is being voided.**
B3 – REPLACEMENT RECORD					
Transaction Header	101-A1	BIN NUMBER	Card Issuer ID or Bank ID Number used for network routing.		The BIN Number assigned by the pharmacy that submitted the claim that generated this encounter.

DRAFT

NCPDP DRUG ENCOUNTER TRANSACTION SPECIFICATIONS					
Segment	**Element ID**	**Element Name**	**Element Definition**	**Valid Value**	**Definition/Format**
Transaction Header	104-A4	PROCESSOR CONTROL NUMBER	Number assigned by the processor.		The Processor Control Number of the PBM that processed the claim that generated this encounter.
Transaction Header	202-B2	SERVICE PROVIDER ID QUALIFIER	Code qualifying the `Service Provider ID' (2O1-B1).	01 05	National Provider Identifier Medicaid ID
Transaction Header	201-B1	SERVICE PROVIDER ID	ID assigned to a pharmacy or provider.		Provider Id/Pharmacy Number. Until May 22, 2007, AHCCCS Id and Location Number NNNNNNLL May 23, 2007 and after, National Provider Identifier
Transaction Header	110-AK	SOFTWARE VENDOR/ CERTIFICATION ID	ID assigned by the switch or processor to identify the software source.		The Software Vendor Certification ID of the PBM that processed the claim that generated this encounter.
Patient	332-CY	PATIENT ID	Resubmission Claim Number		The Claim Reference Number (CRN) of the original encounter being replaced. **Required when the original encounter is being replaced.**
Claim	407-D7	PRODUCT/ SERVICE ID	ID of the product dispensed or service provided.		The NDC Code for the dispensed drug in 5/4/2 format. Each NDC sub-field should be right justified and filled with high order zeros
Prescriber	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	03	Prescriber Segment
Prescriber	466-EZ	PRESCRIBER ID QUALIFIER	Code qualifying the `Prescriber ID' (411-DB).	01 05	National Provider ID Medicaid ID
Prescriber	411-DB	PRESCRIBER ID	ID assigned to the prescriber.		The AHCCCS ID and Location Code of the prescribing provider Until May 22, 2007, AHCCCS Id and Location Number NNNNNNLL May 23, 2007 and after, National Provider Identifier
Prescriber	467-1E	PRESCRIBER LOCATION CODE	Location address code assigned to the prescriber as identified in the National Provider System (NPS).		Any valid value.
COB/Other Payments	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	05	Coordination of Benefits (COB) Segment One occurrence of the COB/Other Payments Segment is required for health plan payment information. Subsequent iterations of the segment can be used for data on other third party payers.

DRAFT

NCPDP DRUG ENCOUNTER TRANSACTION SPECIFICATIONS					
Segment	**Element ID**	**Element Name**	**Element Definition**	**Valid Value**	**Definition/Format**
COB/Other Payments	337-4C	COORDINATION OF BENEFITS/ OTHER PAYMENTS COUNT	Count of other payment occurrences.		The number of "other coverages" involved in the claim that resulted in this encounter. Always 1 for the health plan, incremented by 1 for each additional coverage (2, for example, when the health plan member has Medicare).
COB/Other Payments	338-5C	OTHER PAYER COVERAGE TYPE	`Other Payer ID' (340-7C).		Any valid value.
COB/Other Payments	339-6C	OTHER PAYER ID QUALIFIER	Code qualifying the `Other Payer ID' (34O-7C).		Use a value of "99" when the payer is a health plan and an appropriate Implementation Guide value when the payer is an additional other carrier..
COB/Other Payments	340-7C	OTHER PAYER ID	ID assigned to the payer.		The AHCCCS Health Plan ID and TSN for health plans. For non-health plan other payers, any identifier is acceptable.
COB/Other Payments	342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Code qualifying the `Other Payer Amount Paid' (431-DV).		For health plan segments, the value is always "07" (Drug Benefit). Use the most appropriate value for additional other payers.
COB/Other Payments	431-DV	OTHER PAYER AMOUNT PAID	Amount of any payment known by the pharmacy from other sources (including coupons).		For the health plan COB Segment, the Health Plan Paid Amount. If additional other payers are involved, the amount paid by each of them.
Compound	488-RE	COMPOUND PRODUCT ID QUALIFIER	Code qualifying the type of product dispensed.	03	National Drug Code (NDC)
Compound	489-TE	COMPOUND PRODUCT ID	Product identification of an ingredient used in a compound.		The NDC Code for the compound ingredient in 5/4/2 format. Each NDC sub-field should be right justified and, if necessary, filled with high order zeros
TRANMISSION TRAILER RECORD – Appears at the end of transmissions of from 1 to 9,999,999,997 NCPDP Transactions					
Transmission Trailer	880-K4	TEXT INDICATOR/ 1 BYTE	A field that indicates the beginning of an NCPDP Record.	X"02"	A hexadecimal "02" within a one-byte field.
Transmission Trailer	701	SEGMENT IDENTIFIER/ 2 BYTES	A field that identifies the segment.	99	File Trailer
Transmission Trailer	806-5C	BATCH NUMBER/ 7 BYTES	A Batch Number assigned by the sender.		This number must match the Batch Number in the Trailer Record.

DRAFT

NCPDP DRUG ENCOUNTER TRANSACTION SPECIFICATIONS					
Segment	**Element ID**	**Element Name**	**Element Definition**	**Valid Value**	**Definition/Format**
Transmission Trailer	751	RECORD COUNT/ 10 BYTES	The number of records in each batch, including header and trailer records.		
Transmission Trailer	504-F4	MESSAGE/ 35 BYTES	Information regarding the batch.		Not used by AHCCCS.
Transmission Trailer	880-K4	TEXT INDICATOR/ 1 BYTE	A field that indicates the end of an NCPDP Record.	X”03”	A hexadecimal “03” within a one-byte field.